F-Fd-30 (rev 5/05)



INSPECTOR SIGNATURE & NO

PLEASE TYPE OR PRINT

Submit check payable to WDATCP with two copies of application to address at left and keep the yellow copy for your records.

| OFFICE USE ONLY | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|
| LIC. NO. | | | | | | | | |
| DATE ISSUED | | | | | | | | |
| EXPIRES | | | | | | | | |
| SURCHARGE | | | | | | | | |
| FEE PAID | | | | | | | | |

| Wisconsin in Prophotic (000) 224 4712 | | | | | | | | DATE ISSUED | | | |
|---|---------------------------------------|--------|---------------------|---|---------------------------------|---|---|-------------|-------------|---------------------------------|--|
| BULK MILK TANKER LICENSE & GRADE A PERMIT APPLICATION | | | | | | | | EXPIRES | | | |
| s. 97.21, Wis. Stats. THIS APPLICATION PERTAINS ONLY TO THE FOLLOWING BUSINESS LOCATION & OPERATOR: | | | | | | | | SURCHARGE | | | |
| (CHECK ONE): ☐ *Individual ☐ *Partnership ☐ *General Partnership ☐ LP ☐ LLC ☐ Corp. ☐ Coo | | | | | | | Coop. | FEE PAID | | | |
| * Requires Social Security Number or Copy of General Partnership Agreement. | | | | | | | | | | | |
| LEGAL NAME OF APPLICANT | | | | | | | (d/b/a) | | | | |
| MAILING ADDRESS | | | | | | BUSINESS LOCATION (if different from mailing address) | | | | | |
| CITY STATE ZIP CODE | | | | | | CITY STATE ZIP CODE | | | | | |
| NAME OF CONTACT TITLE | | | | | | COUNTY TOWNSHIP / VILLAGE / CITY | | | | | |
| CORPORATION PHONE NUMBER E-MAIL (if available) | | | | | | BUSINESS PHONE NUMBER E-MAIL (if available) | | | | | |
| NDICATE REASON FOR APPLICATION (check one) | | | | | | | | | | | |
| ORIGINAL | | | | CHANGE OF OWNERSHIP (Includes changing structure of ownership, i.e. individual to LLC, LLC to Corporation, etc. | | | | | | | |
| GRADE A | TANKERS PERMIT ON | | PREVIOUS OWNER NAME | | | | | | | | |
| FIRST DATE OF OPERATION IN WISCONSIN For Tanker(s) Below MO-DAY-YR * IF YOU PRESENTLY HOLD A BULK MILK TANKER LICENSE, INDICATE LICENSE NUMBER 89 | | | | | | | | | | | |
| EW BULK BILK TANKER INFORMATION – Complete the following for each tanker you are adding: (limit 4 new tankers per application) | | | | | | | | | | | |
| Your Assigned Tank Number * | • | | Serial No. | | Milk Grade (A or B) | Capacity Gallons | List a Dairy Plant and City Receiving Milk | | Item No. | For Dept. Use Only Surcharge | |
| | | | | | | | | | 1 | Yes | |
| | | | | | | | | | 2 | Yes | |
| | | | | | | | | 3 | Yes | | |
| | | | | | | | 4 | Yes | | | |
| * If you are replacing a tanker, complete the deletion section below . | | | | | | | | | | | |
| *DELETIONS: LICENSE FEE: | | | | | | | | | | | |
| Tank Number Make | | | Serial Number | | | IO. OF TANKERS LICENSE FEE AddI FEE DUE TOTAL FEE DUE ADDED PER TANKER SURCHARGE X + = \$ | | | | | |
| Operating without a license is a violation of Wisconsin Law. If you have been operating without a license, you will be required to pay a surcharge in addition to the license fee. The undersigned hereby certifies that this is a true, complete and accurate application for a Bulk Milk Tanker license under s. 97.21, Wis. Stats. Tankers may be inspected at any reasonable time. Licenses are not transferable between persons or tankers. Licenses expire annually on April 30. The license fee is not prorated for partial license years. | | | | | | | | | | | |
| Personal information you provide may be used for secondary purposes (Privacy Law s.19.62-19.80, \ AUTHORIZED SIGNATURE TITLE | | | | | | .,. mis institu | пон із ан equal opportunity | DATE | | | |
| | | | | | | | | | | | |
| FOR DEPARTMENT USE ONLY | | | | | | | | | | | |
| Item No. | No Temporary License Temp No. Ellec | | | o. Effective Date | Recommendation - Initial & Date | | | Inspec | tor | Supervisor | |
| 1 | nspector | Office | | | Full [| Conditiona | Deny | | | | |
| 2 In | nspector | Office | | | Full [| Conditiona | l Deny | | | | |
| 3 In | nspector | Office | | | Full [| Conditiona | l Deny | | | | |
| 4 Ir | nspector | Office | | | Full Cancel Ro | Conditiona | l Deny | | | | |
| | | | | | | | | | | | |

DATE

FIELD SUPERVISOR SIGNATURE

DATE